

<b>Case Number:</b>	CM15-0112510		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	07/19/1997
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female who sustained an industrial injury on 7/19/97. The injured worker was diagnosed as having cervical degenerative disc disease, cervical spine strain, herniated cervical disc, cervical facet arthropathy, cervical spinal stenosis and cervical radiculitis. Currently, the injured worker was with complaints of neck discomfort. Previous treatments included oral pain medication, oral muscle relaxants, injection therapy, physical therapy, ultrasound therapy, transcutaneous electrical nerve stimulation, acupuncture treatment and status post cervical spine surgery. The injured workers pain level was noted as 4-5/10 with the use of medication. Physical examination was notable for decreased neck active range of motion, posterior tenderness bilaterally at C3-6 levels and in the bilateral shoulder blades. The plan of care was for medication prescriptions. A utilization review determination dated February 20, 2015 recommends certification for Lyrica. A progress report dated April 2015 indicates that the patient has "significant benefit with use of her Lyrica." The note indicates that with the current medication regimen the patient is able to stay active.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lyrica 25 mg Qty 90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**Decision rationale:** Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AED's depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement due to this medication. Additionally, there is no discussion regarding side effects from this medication. Antiepileptic drugs should not be abruptly discontinued but unfortunately, there is no provision to modify the current request. As such, the currently requested pregabalin (Lyrica) is not medically necessary.